

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-010193**

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 62 Primary Registration District No. 5239 Registrar's No. \_\_\_\_\_

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10200

20840-

3

4 0

5 0

6

7 0

8 0

9 X

10

11 020

12 91-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

Stockton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

6 Miles West #32 Hiway

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Polk

c. CITY

OR

TOWN

Fair Play, Mo.

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

First

Middle

Last

Joe

Frederick

Gee

## 4. DATE OF DEATH

Month

Day

Year

Mar.

31

1962

## 5. SEX

male

## 6. COLOR OR RACE

white

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-18-34

## 9. AGE (last birthday)

27

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

Construction

## 11. BIRTHPLACE (City and state or country)

Fair Play, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Guss Gee

## 13b. MOTHER'S MAIDEN NAME

Bernice Watkins

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

Korean

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

7 Mrs Bernice Copeland, Fair Play, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Fractured neck, skull, & cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

### INTERVAL BETWEEN ONSET AND DEATH

second

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

one car accident

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

7

3-31-62

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from \_\_\_\_\_ to 3-31-62 and last saw her alive on \_\_\_\_\_

Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Wm B Kichter M.D.

## 22b. ADDRESS

Stockton Mo

## 22c. DATE SIGNED

4-4-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

4-2-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Akard Cemetery

## 23d. LOCATION (City, town, or county)

Fair Play

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Barker-Butler, Fair Play, Mo.

## 25. DATE REC'D. BY LOCAL REG.

4-5-62

## 26. REGISTRAR'S SIGNATURE

Mrs Geneva Cantlon

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Paul D Butler

Licensed Embalmer No. 4471

P. O. Address Bolivar, MD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.